

# **OBESITY PREVENTION PROGRAM**

Arizona Department of Health Services

## ***Worksite Workgroup Summary***

*June 28, 2004*

### **Attendance – 18 People**

#### **Welcome by ADHS**

The purpose of this second workgroup meeting was to build on previous work by adding strategies, identifying criteria, and selecting strategies by a dot selection process. We reviewed the program's vision, mission and goals as well as previously determined group scope of work, ground rules, plan elements and timelines (all of which can be found in May's workgroup summary).

We were hoping to announce the members of the Obesity Prevention Program Advisory Team, however were not able to do so. While we appreciate the volunteers who did come forward, we are in need of some more diversity in our group; therefore we are still looking for more volunteers to serve our program in this capacity. If you are interested, please contact your staff liaison. When we have a slate of candidates, we will need to present them to our Director, Cathy Eden, for approval.

The staff liaison identified some elements that are important to keep in mind as we move through the process of writing the comprehensive state plan including the Social Ecological Model, Social Marketing, Centers for Disease Control and Prevention criteria for the grant and the concept of a state plan vs. a state health department plan.

All workgroup participants received a handout from the Washington State plan that outlines the Social Ecological Model. The model includes five spheres of influence that in turn affect each other. They include individual, interpersonal, institutional/organizational, community and public policy. Interventions should be based on this model, which focuses on the behavior choices of each individual as well as situations/factors within each sphere that can influence that behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels. ***If you did not attend the workgroup, you can get the handout at the next meeting.***

We also wanted to introduce the idea of social marketing to the workgroups. Social marketing is the application of commercial marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience. Social marketing planning can be used to address health issues at all levels of the social-ecological model. Rather than dictating the way that information is being conveyed from the "top down", public health is using social marketing to listen to the needs and desires of the target audiences themselves and building the programs from there.

All workgroup participants also received a handout on the criteria outlined by the Centers for Disease Control and Prevention for the grant. ***You can view this separately online along with the summaries.*** These are things we have to keep in mind while moving forward with the plan.

Lastly, we wanted to re-emphasize how important it is to have buy-in from workgroup participants and local grassroots leaders. A state plan requires some of the planning and work to come from the state agency, but the bulk of the work is at the local level. It is therefore essential that we have local stakeholders who support this endeavor beyond the workgroup meetings.

### **Identified strategies**

The workgroups reviewed the strategies from the last meeting and then did some more strategizing based on the CDC criteria that were posted for consideration. At the end of the session, the group did a selection process to select the strategies they would like to have included in the plan.

**There was no limit on the number of GREEN dots they could use, however each participant could use one dot per strategy if they liked it but not more than one dot per strategy. For round two, participants were give only two RED dots to vote for the two most important strategies.**

**The strategies are listed in order of number of votes.**

### **Identified strategies**

1. Create a “best practices” handbook for employers and a “toolbox” to assist with creating the wellness programs such as physical activity and healthy eating including: **13 Red 16 Green**
  - Monetary incentives for healthy lifestyles: lower health care premiums; fitness club rewards; “wellness bucks”
  - Assessment/Evaluation (wellness benefits, claims, rx, ROI)
  - Internal structure such as wellness ambassadors
  - Employees allotted ½ hour in 3 work days per week to be physically active or attend nutrition programming
  - Obtaining employer buy-in
  - Educational awareness activities targeting the top 5 claims categories driving co-morbid conditions and health care costs in the work place, (Keep it Fun)
  - Individual behavior change programs
  - Programs that accommodate stages of change, that build in the family, are evidence-based, accessible, affordable
  - Funding
  - Environment conducive to use facilities for physical activity
  - Environment conducive to healthy food options
  - Fitness Breaks, healthy refreshments at meetings
  - Worksite would allow for Time (and opportunity) and have Facilities and Assistance
  - Screening
  - ROI and other outcome measures such as change in behavior
  - Pro-active health insurance policy
  - Incentives
  - Interactive website
  - Brown bag sessions to address PA and nutrition
  - Calorie intake expenditure
  - Circle of Nutrition or State Model
  - Address Emotional – Behavioral issues for Nutrition and physical Activity
  - Change Work Culture re: Healthy vs. Unhealthy Snacks at meetings
  - Education / Awareness – caloric density of foods offer RMR Estimation via Harris-Benedict equation
  - Display board outside cafeteria portion size nutrition information
  - Worksite cafeteria – post calorie nutrition information – fat and portion size
  - Stairway environment improvement and promotion
  - Campus distances encourage walking
  - Utilize conference rooms for employee activities at lunch
  - Vending machine healthy choices

- Retailer education: Circle K – fruit not donut; McDonald dark green vegetables and others
  - Breast-feeding policy
2. Create a program that comes from the Governor's Office in support of a Healthy Worksite Designation and proclamation as well as a media campaign that supports the program. **10 Red 28 Green**
  3. Create a public media campaign aimed at workers that will encourage them choose an employer with a wellness program in order to change the culture of worksites. (supply and demand) *(like shopping for bank loan commercials that are currently out on T.V.)*  
**4 Red 15 Green**
  4. Encourage worksites to implement a worksite breast-feeding policy and a workplace facility to accommodate breast-feeding at work. **2 Red 3 Green**
  5. Create opportunities for the state and employers to interact and encourage worksite wellness programs including:
    - a. An Advisory Group from business to determine what will convince others to implement a wellness program in their organization
    - b. Create a peer to peer advocacy group for employers
    - c. Create a speakers bureau to influence employers to start program
    - d. Address stages of employers focus when encouraging change
  6. Create/Identify a state database with general population and/or worksite information.  
**1 Red 8 Green**
  7. Create/Identify a way to do community profiles of worksites that have wellness programs (including what they offer) and use that information to work with cities to advocate for worksite wellness. **1 Red 4 Green**
  8. Support an interactive website for employers with information on health promotion resources, etc. **0 Red 24 Green**
  9. Encourage/Recommend a work culture that is conducive and supportive to physical activity and healthy eating. **0 Red 11 Green**
  10. Create a Universal way to measure: Behavioral Risk – Risk Readiness Compliance; have programs that help employees comply. **0 Red 10 Green**

0 Votes

State recommend Food Pyramid and energy density foods

Business submit wellness plan to get access to information

Other comment cards left on table but not discussed:

- Address all sizes of employers – smaller ones don't have same resources as large ones
- Utilize already existing resources and build on them – “train-the-trainer”
- Raise awareness of problem, tie to HP2010
- Internal audit of situation – Workplace Wellness Assessment
- Develop Speakers Bureau
- Employer stages of readiness: Pre-contemplation, contemplation, preparation, action Maintenance